

Testimony of
THE NATIONAL RURAL HEALTH ASSOCIATION

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Eye Care Access: Eliminating Barriers for Seniors and Baby Boomers
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Good afternoon. My name is Bill Sexton and I am here representing the National Rural Health Association (NRHA) as President-elect. I want to thank the Chairman and members of the policy committee for the opportunity to testify before you on the topic of Eye care access: eliminating barriers for seniors and baby boomers.

You have previously heard testimony from NRHA President Hilda Heady on health care for the elderly in rural communities.

My comments will focus on access to eye care for the elderly in rural communities. I will comment on both potential solutions as well as areas in which the Federal government can become partners in our efforts to improve both access and quality for rural elderly.

In her testimony, Ms. Heady noted that not only are 77 million baby-boomers poised to enter the Medicare system in the coming years, but that the rural population of our nation is aging more rapidly because of elderly people aging in place, younger residents leaving rural areas for metro areas and elderly citizens returning home to rural communities as they age. The 9.2 million people in rural America age 65 and older are less likely to have a high school education and more likely to be poor.

Numbers of providers, poorly developed health care systems, high prevalence rates of chronic illness and disability, socioeconomic hardships and geographic and transportation issues require special attention and solutions. For this reason, rural communities often utilize innovative and creative collaborations to meet their health care needs.

Higher rates of obesity and diabetes in rural America highlight the need for screening performed by eyecare professionals. Working in collaboration with other healthcare professionals, they can participate in the early detection and prevention of illness.

Diseases such as hypertension and diabetes among older adults can be directly linked to eye diseases such as glaucoma and diabetic retinopathy. Macular degeneration and injuries to the eyes are also prevalent in rural communities. The recent report released by the Institute of Medicine highlights collaboration of resources as a method of achieving quality in rural communities.

Trained eye care professionals living and working in rural communities are an important part of the health care team needed to keep seniors vibrant, active, safe and healthy. But barriers to entry and incentives available to other health providers are not generally available to eye care professionals.

In my community of Seaside, Oregon, if eye care services were not available locally, elderly patients would be required to drive over 90 miles on treacherous heavily forested roads to Portland for examinations and care. Assuming these residents do not have eye care problems, this is difficult. If these residents do have eye care problems, they will not be able to secure public transportation (since there isn't any) so they will either drive or have their spouse or another elderly friend drive them. They would also put off seeking care until they had a problem which then makes their driving even more hazardous. If dilation or other treatment is needed, they may have to spend the night since the return drive would require them to drive into the sun.

The federal government can be helpful in the following ways:

- **Support the initial training and updating of skills for eye care professionals in rural areas**
- **Support tax benefits for eye care professionals who practice in rural communities which are in Health Professions Shortage Areas (HPSA's) or Medically Underserved Areas (MUA's)**
- **Provide eye care professionals with student loans through the National Health Service Corps for providers who serve in medically underserved areas upon graduation**
- **Develop funding partnerships with state governments to encourage states to Train health professional students in rural communities and engage in service learning with the elderly while they train**
- **Provide increased funding for transportation programs that serve the rural Elderly**

On behalf of the NRHA, I wish to thank the members of the Committee again for the opportunity to testify here today. NRHA stands ready to work with your Committee and Congress to ensure improved access to essential eye care for the elderly in rural and frontier communities.